

"PATENT"

AMENDMENT TRANSMITTAL FORM

In re application of: Paul J. Berlowitz et al) Before the Examiner
 U. S. Serial No.: 09/625,249 [4001001]) Margaret B. Medley
 Filed: July 25, 2000)
 For: IMPROVED STABILITY FISCHER-TROPSCH) Confirmation Number: 7631
 DIESEL FUEL AND A PROCESS FOR FTS) Group Art Unit: 1714
 PRODUCTION) Family Number: P1998J057US2

Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the
 Commissioner for Patents facsimile number 1-703-872-9310 on the date shown below.

KATHLEEN A. KUNA

Kathleen A. Kuna

SEPTEMBER 22, 2003

Type or print name of person signing certification

Signature

Date

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$110.00 to extend the time for filing this response until September 22, 2003.

The fee for any changes in number of claims has been calculated as shown below.

CLAIMS AS AMENDED						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7)
Total Claims	7	Minus	20		x 18.00	0
Indep. Claims	1	Minus	3		x 84.00	0
MULTIPLE DEPENDENT CLAIM FEE					\$280.00	0
FEE FOR CLAIM CHANGES						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this Amendment, including claim changes and any extension of time is calculated to be \$110.00.

☒ Charge \$110.00 to Deposit Account No. 05-1330.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

Date of Signature

9/22/03

Post Office Address: [to which correspondence is to be sent]
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 P. O. Box 900
 Annandale, New Jersey 08801-0900

Attorney or Agent of Record

MARK D. MARIN

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☒ Pursuant to 37 CFR 1.34(a)

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9/22/03